

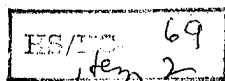
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MEDICAL OFFICE

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*Compiled
about 1952 (?)
by Medical
Office,
probably for
NSC report.*

With the establishment of the Central Intelligence Agency, it was quickly apparent that a new type of medical support would have to be developed. Largely because of security aspects, the traditional sources and avenues of professional services would have to be modified to conform to the over-all concept of good security. With this as a background the Medical Office was established early in 1946. In the beginning it was under the T/O of the Personnel Office and was assigned the responsibility of providing medical support for the two major categories of Agency function, the Headquarters and overseas offices.

The effort to keep personnel at home as fit as possible and to assure that those going overseas were suitably prepared for the rigors they might encounter has required a considerable expansion of medical facilities. The problem may be better visualized if it is realized that medical support may require anything from a simple bandaid to the building and complete staffing of a 100-bed hospital overseas.



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In 1946, with a staff of 18, Headquarters consisted of a dispensary on the second floor of a garage building near Building and a few health rooms located in other Agency buildings. At that time there were 3 civilian nurses and 15 Army technical personnel. The bulk of professional duties were carried on by an average of 2 medical officers.

Only one phase of the medical mission was developed at that time, referred to as Technical Services, which processed all personnel not under deep cover going overseas or coming on board. Physical examinations were performed. Immunization procedures were established for overseas personnel. Proper documentation of these required study of Army, Navy, Public Health and State Department forms, so that the correct documents could be prepared

Physical standards for applicants had to be adopted to suit Agency needs, which would weigh the comparative vitality of ^aslightly infirm applicant against his ability to fill a sensitive post of especial interest. Many such questions arose and a "Modus Operandi" was evolved which has been subjected to but little revision.

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In 1947 about 2,600 physical examinations were performed.

Eleven thousand and eight hundred out-patient visits were treated in the dispensary for one ailment or another.

The Medical Office must conform to Public Law 658, covering the treatment of Federal employees in this country, which limits the Government physician to treating cases of minor or emergency illnesses and injuries incurred in the line of duty. All other cases are referred to private physicians for treatment. However, because of the security aspect, we now attempt to establish full medical support for our overseas personnel, subject to the request of the Operations Offices.

In 1948 the Army personnel were gradually replaced by civilians with a permanent staff of twelve. Late in 1948 the Headquarters office and the dispensary were moved into the west wing of the first floor of Central Building. Here were located a pharmacy, X-ray room, examining rooms, a technical laboratory and office space.

To coordinate activities with other Government agencies, the medical program of this Agency obtained the approval of the United

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States Public Health Service, the Bureau of Employees Compensation

and the Army and Navy in 1949.

The first rumblings from overseas indicating the need for medical support in the field were heard in 1949. Even before the Overseas Medical Support Program was developed, the Medical Office found itself engaged in the dual occupations of caring for employees in much the same manner as is done in private industry and at the same time conducting a semi-military program for the military personnel. Throughout the entire pattern of medical support ran the ever-present need for strict security precautions. Psychiatric patients returning from overseas had to be cared for. The standard form of therapy in many of these cases is to allow the patient to ventilate his problems to a psychiatrist. To do this to an uncleared psychiatrist would compromise the portion of the project to which he ^{was} ~~is~~ assigned. The returnee with some tropical illness which requires hospitalization offers the same problem to a lesser degree. If his illness were typical of a particular portion of the world, his own cover might possibly

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be compromised by seeking advice from an uncleared doctor. Because of these factors, the Medical Office developed a staff of consultants in the Headquarters area covering all the major specialties. These consultants received a complete security clearance by our own Agency. The number of deep cover~~x~~ personnel bound for overseas stations was gradually increasing. Since they could not appear in the Headquarters area, or any of the Agency's known installations, some provision for physical processing had to be developed. The addition of fully cleared contract physicians and consultants to the Medical Office staff helped to solve some of these problems.

By early 1950 it became apparent that the deployment of large groups to widely dispersed stations would involve a considerable amount of medical guidance and support. The Special Support Division was activated in August 1950 to advise the Operations Offices and to screen their requests in addition to actually supplying overseas medical facilities. Office space for this Division was obtained in Building.

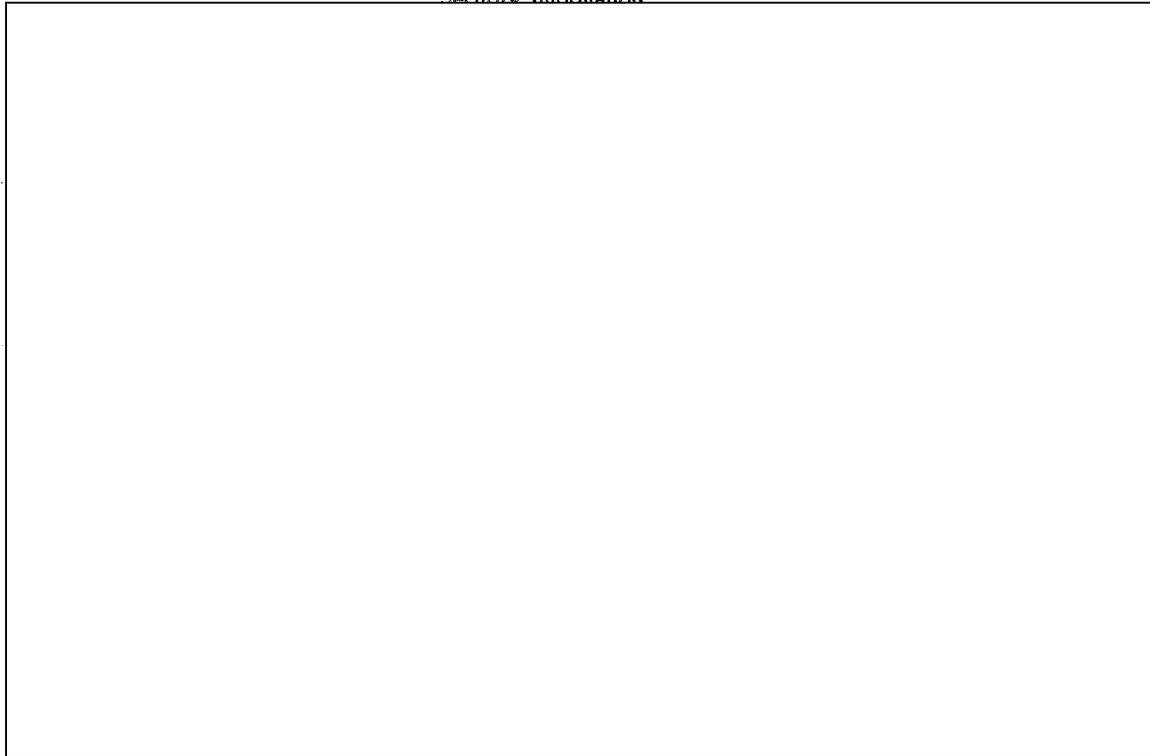
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During 1950, 5,284 physical examinations were performed in the dispensary. Out-patient visits to the dispensary had increased to 23,500.

The opening of the Korean conflict threw new and varied responsibilities on the Medical Office. The tempo of activity in the Agency increased almost daily and was reflected in the increased support activities of the Medical Office. Medical supplies were obtained, packaged and shipped overseas. Covert and non-covert medical officers and corpsmen were recruited and assigned to projects in the field.

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Plans were developed for [] hospitals and small dispensaries. At that time the greatest demands were coming from FE, WE and EE. It was necessary to make inspection tours and to establish liaison and rapport with the stations in the field. Personal conferences with the medical personnel at these sites were mutually valuable and brought the Medical Office a more intimate understanding of its mission in sending full medical support to our stations in the field.

Recruitment and assignment to the field of medical officers and corpsmen was stepped up. There was a great expansion from the original T/O of 2 doctors, 3 nurses and 5 corpsmen. The first medical officer departed for an overseas station in March 1951 and the first corpsman

No! Jan 51
in May 1951. These have been followed by others intermittently ever since. To weld together all the diverse activities of the Medical Office and supply liaison function for use outside of the Agency, the Program Coordination Division was activated in February 1951.

The three main branches of this division deal with training, research and liaison. Training courses for hospital corpsmen were developed.

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Medical manuals were written. Research projects were undertaken.

All of this was to further develop the medical support of an intelligence organization.

During 1951 eight thousand physical examinations were performed.

Twenty-five thousand out-patient visits to the dispensary were handled.

A medical officer was obtained in March to devote full time to the

Technical Services Division and [] nurses and [] corpsmen were added to assist him.

With this expansion of activities and growing problems in administration, personnel and supply it became apparent that the establishment of an Administrative Services Division was a necessary step. This was accomplished in August 1951. Advice and guidance on administrative matters from the other three divisions was turned over to this newly created division. It assumed the duties of personnel, selection and recruitment and timed their entrance-on-duty with the needs of projects in the field or in Headquarters. All matters of supply were assigned to this division, both overseas and Headquarters. As an administrative

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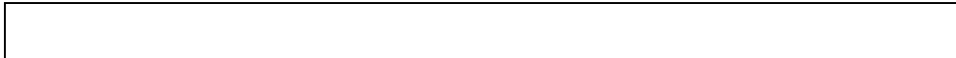
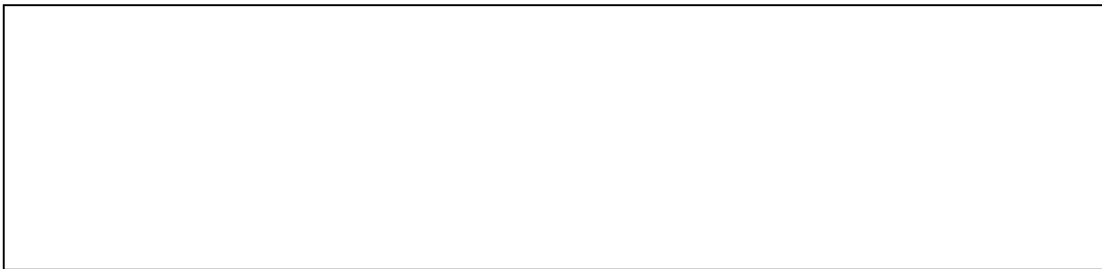
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filter center it could review the activities of the other divisions from an administrative standpoint and from that anticipate its own needs in the realm of recruitment and supply.

The last division established on the Medical Office T/O, the psychiatric Division, will begin to function on 1 July 1952.



Where

we previously had only the service of a psychiatric consultant, we now will have a full-time staff. It is an indication of the level of Agency maturity the Medical Office has attained.

The tiny quarters over the garage in which the Medical Office first functioned produced a bottleneck in operating efficiency that resulted in the movement to Central Building. However even the new quarters quickly seemed to grow smaller and smaller. New and more efficient X-ray machines were installed. Diagnostic aids such as the electrocardiograph and basal metabolism equipment were added.

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New diagnostic laboratory tests were added. At present the Medical Office occupies almost the entire first floor of Central Building. This includes the Headquarters area, as well as divisions of psychiatry, Administration, Program Coordination and Technical Services. More floor space was obtained for the expanded operations of the Special Support Division in Building and a new training area for medical technicians has been obtained.

The years between 1946 and 1952 have witnessed a substantial increase in the incidence of tropical diseases, psychiatric and the routine illnesses in overseas returnees. With the gradual growth of medical personnel overseas, most of these conditions will be cared for overseas. Largely because of security aspects, psychiatric disorders must be handled stateside.

The basic policy of the mission of the Medical Office has been maintained throughout and by-and-large the timing of Medical Office activities has been in tune with the activities of the rest of the Agency.

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This office expects to continue to give full-hearted support to the Agency in any way that the specialized professional skills of its personnel can be of use to an intelligence organization.

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APPENDIX TO MEDICAL OFFICE HISTORY

Yearly census of	Doctors	Technical Personnel	Clerical
Headquarters Personnel	1947		
	1948		
	1949		
	1950		
	1951		

Number of Physical Examinations

1947	2,600
1948	2,806
1949	3,456
1950	5,284
1951	7,313

Number of Out-Patient Treatments

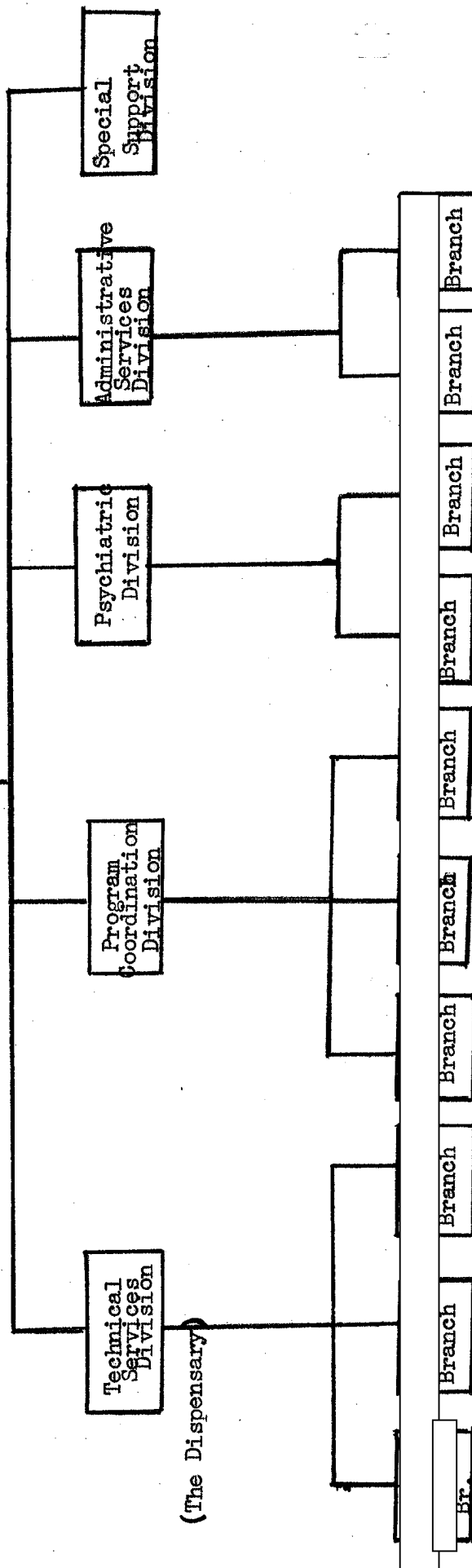
1947	11,800
1948	12,071
1949	18,412
1950	23,500
1951	25,269

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